Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further	correspondence includit ed below or directed of	nor the Patent advance o	rders and notification of a	maintenance feec'n	vill he	mailed to the gureent	hould be completed when correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23657	7590 02/00	6/2008	. nav	•		•	
COGNIS COR	PORATION		· I he	Cer	tificate	of Mailing or Trans	mission - domesiaed wide the Tiefeed
PATENT DEPA		Stat	tes Postal Service v	vith suf	ficient postage for fire	deposited with the United st class mail in an envelope above, or being facsimile	
300 BROOKSIL			add tran	ressed to the Mail	Stop TO (57	ISSUE FEE address 1) 273-2885, on the d	above, or being facsimile
AMBLER, PA 1			_	ose A. Sto		1) 173-2865, OI WE C	(Depositor's name)
	-		R		low	<u>e</u>	(Signature)
	·		<u>`</u>	ay 2, 2008			(Date)
APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVENTOR	IVENTOR ATTORNEY DOCKET N		RNEY DOCKET NO.	CONFIRMATION NO.
10/539,668	02/14/2006		Ansgar Behler		0	2682 PCT/US	4666
SALTS			OGLUCOSIDE AND/OR	ALKENYL OLIGO	OGLUC	COSIDE CARBOXYI	JC ACID
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	,	\$1440	\$300	\$0		\$1740	05/06/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				•
MRUK, BRIAN P 1796 510-412000							
<ol> <li>Change of corresponde CFR 1.363).</li> </ol>	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, lis	it		
_ ′	ondence address (or Cha 3/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If uo name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty)	pe)			
PLEASE NOTE: Unle recordation as set forti	ess an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee	data will appear on the p	atent. If an assign	e is id	entified below, the de	ocument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cognis Deutschland GmbH & Co. KG Duesseldorf, Germany							
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Co	rporati	on or other private gro	up entity Government
la. The following fee(s) a	are submitted:	46	o. Payment of Fee(s): (Plea	se first reapply an	y previ	iously paid issue fee s	shown above)
X Issue Fee		A check is enclosed.					
Publication Fee (N	o small entity discount p	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $50-1177$ (enclose an extra copy of this form).					
. Change in Entity Stat	us (from status indicate	d above)				(	
	SMALL ENTITY state		☐ b. Applicant is no long	ger claiming SMAI	L ENT	TTY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and nterest as shown by the r	l Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	l from anyone other than t Office.	he applicant; a regis	stered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature	<i>a</i> .	- Daniels			02/2		
Typed or printed name	John F. Dar	niels		Registration N	o. <u>3</u>	4,314	<u> </u>
his collection of information application. Confident	ation is required by 37 Ciality is governed by 35	FR 1.311. The informatio U.S.C. 122 and 37 CFR	n is required to obtain or r 1.14. This collection is est	etain a benefit by thi imated to take 12 n	ie publi iinutes	c which is to file (and to complete, including	by the USPTO to process) g gathering, preparing, and

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.